UNRWA Presentation
Diagnosis of the Situation &
Appropriate Responses to the Problem

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Diagnosis of the Problem

UNRWA asked me to speak on two issues: 1) A diagnosis of the malnutrition problem, and 2) Appropriate responses to malnutrition. I would only like to spend a minute on the diagnosis since we have been discussing the results of both the USAID-funded Johns Hopkins/Al Quds assessment and the PCBS assessment since last week. The few points I would like to make that are direct results of the Hopkins/Al Quds study are that:

- Four of five children in both the West Bank and Gaza have inadequate iron and zinc intake, deficiencies which cause anemia and immune deficiency, respectively.
- Over half the children in both the West Bank and Gaza have inadequate caloric and vitamin A intake.
- 50% of all children in the West Bank and Gaza have inadequate folate intake.
- Non-urban areas of the Gaza Strip fared worse in all categories of intake.
- Among reproductive age non-pregnant women, obesity appears to be more of a public health problem than under-nutrition, a factor that may contribute to the high prevalence of diabetes and hypertension in later years of life.
- A large percentage of reproductive age non-pregnant women have deficiencies in energy, iron, folate, and zinc consumption, critical for healthy fetal development.
- Reproductive age women show a 15-20% decrease in daily caloric and protein intake compared to 2000.
- Children in the age group 2-3 years are not monitored sufficiently to make the diagnosis of malnutrition or anemia;
- Only 60% of preschool children have anthropometric measurements taken and if they do, only 60% of malnourished cases are recognized;
- Clinic managers underestimate the magnitude of the malnutrition problem in their community, further limiting their ability to detect and manage the problem; and
- Most clinics lack protocols or guidelines for assessing and diagnosing malnutrition cases.

The last comment I would like to make concerning the diagnosis is that nutrition is defined not only by quantity of food but particularly by quality of food. For further definition, energy, measured by calorie consumption and protein are referred to as macronutrients while vitamins and minerals also critical for normal healthy development constitute micronutrients.

Appropriate Responses

I have handed out a one page summary of appropriate responses to malnutrition. The

overall objectives and strategy that you see is a culmination of a six month coordinated effort between the Ministry of Health, USAID's Maram Project, whose Chief of Party is Dr. Umaiyeh Khammash, and is here today, and other interested donors. After the various nutritional assessments were finalized in the Fall of last year, the Palestinian Ministry of Health declared a nutritional emergency with the stated goals of addressing the current nutritional problems and the causes of wasting, stunting, iron deficiency anemia, and micronutrient deficiencies. The Ministry's first course of action was to draft a national nutrition strategy that not only includes interventions to arrest the current deterioration of Palestinian women and children's nutritional status, but to also mitigate and treat malnutrition in vulnerable groups. The donor community has added a third and hopefully temporary objective, and that is to support targeted emergency food assistance to the most vulnerable populations who are deemed either special hardship cases or identified as those who cannot take advantage of other welfare options, such as employment generation.

Let me quickly go through the comprehensive nutritional strategy that is presented on the sheet that you have. The interventions noted are not listed in any particular order. All 12 interventions are required to take place simultaneously or in a planned staged approach for there to be a real and long-term impact on the nutritional status of Palestinians.

1. The development of a nutritional strategy. As I mentioned earlier, this strategy is now in its final form. Throughout the drafting, numerous workshops in both Gaza and the West Bank were held with health care providers from all sectors: public, private, UNRWA, and NGO to openly discuss and debate appropriate interventions. The Ministry's strategy has a complete listing of activities, practical steps to achieve the activity, supervisory roles, implementing agencies, potential resources, and time frames. USAID would like to commend the Ministry of Health for their dedication to this process and we STAND ready to continue supporting their efforts.

2. The design and implementation of appropriate behavior change and communication strategies. BCC activities really are cross cutting. One example could include the training in and implementation of health education and counseling of adolescent girls and families on the importance to delay their their first pregnancy, and to promote birth spacing practices to minimize rates of anemia and poor birth outcomes in young women and their babies.

3. To support and encourage breast-feeding and appropriate complementary feeding, or weaning, practices. Examples include the training in and implementation of health education and counseling for health providers to support mothers in their compliance with immediate and exclusive breastfeeding and appropriate complementary feeding practices for at least the first six month of an infants life. This is particularly important since the literature shows that breast milk is the primary and only reliable source of adequate vitamin A during the first two years of life.

4. To ensure the availability of appropriate micronutrient supplementation for vulnerable groups, especially young children and pregnant women. The procurement of specific vitamin and mineral supplements, such as iron and folic acid tablets for pregnant women and vitamins A, C, D, and iron capsules for children are probably the most important. Health information and communication campaigns will also be critical in ensuring high rates of compliance. We encourage the Ministry of Health and Ministry of Finance to include procurement of vitamins and minerals into the general budget.

5. To train and increase the capacity of health professionals and staff from relevant sectors. Training of health workers on the vital role of nutrition in fetal and child development, and routine child growth monitoring is also critical. All health care providers should be alert to the important interactions of health and nutrition, and be able to identify those most at risk and give advice about how to prevent and treat nutritional problems. Training in and implementation of counseling for caregivers and families on an affordable and nutritious food basket, and its allocation within the family is also important. Training of Ministry of Education staff members must also be included both to provide enriched foods and/or supplements to school aged children. The provision of weekly doses of iron supplements within the school could be another effective measure, which is used in other countries.

6. The development and institution of protocols and guidelines in areas related to food and nutrition. I believe this is self explanatory.
7. The support for applied research in areas related to food and nutrition. This is especially important for the West Bank and Gaza as we would hope that all long-term interventions are tested for acceptability and appropriateness to the Palestinian culture.
8. The development of a sustainable unified nutrition monitoring and surveillance system. There is no explanation required here. I believe everyone in this room appreciates the importance of timely and reliable data.

9. We have to ensure an uninterrupted continuation of the national vaccination program. Because malnutrition increases the risk of infectious diseases, assisting and promoting immunization programs to ensure a non-interruption of vaccination supply and coverage will minimize infectious disease morbidity rates amongst newborns and children.

10. The introduction and compliance of appropriate iron fortification policies. Allow me to commend UNRWA for their recent change in policy that will now ensure that all wheat flour utilized within their feeding programs will be fortified with iron. I know that WFP is also making a concerted effort to ensure that all their wheat flour is fortified. However, for this to have the long-term impact beyond the time that food aid is provided to West Bank and Gaza populations, a coordinated plan is required with responsible ministries, such as the Ministry of Supply and Ministry of Finance. Legislation to mandate that certain staples are fortified and provisions for on-site fortification is essential. We highly

recommended that multi-nutrient fortification (iron, B vitamins, folate and A) take priority, as there is cost saving if all are done at once, rather than phased in.

11. Advocate for protecting households suffering from long-term food shortages (targeted food assistance). This will be discussed further today.

12. Lastly, we must all coordinate closely with other sector programming, such as water. Children and adults who are malnourished are more prone to severe forms of diarrhea and other infections leading to dehydration. Early recognition and proper control of diarrheal diseases and promoting home use of Oral Rehydration Salts (ORS), which is a correlate of malnutrition and anemia is very important.

I would like to conclude by recognizing the three existing nutrition-focused coordination mechanisms.

1. The Nutrition Council. Members of this council include the Ministry of Health, Ministry of Supply, Ministry of Finance, UNRWA, Maram, and others. This multi-ministerial council is critical in having the Palestinian Authority really pay attention to interventions such as iron fortification.
2. The Nutrition Thematic Group. This group falls under the health sector working group. We had our first meeting in November and it was decided that USAID would serve as the facilitator. This group includes MoH representatives, donors, international organizations, and NGOs working on broad nutrition-related topics.
3. The Micronutrient Committee. This committee is about to be formed and will focus on coordinating activities focused on micronutrient deficiencies. The Ministry of Health has asked that Maram serve as the Facilitator and I'm sure a meeting will be called soon. Members will include the MoH, and those donors, international organizations and NGOs that will be working on micronutrient issues.

I would like to end here to allow time for discussion. I would once again like to thank UNRWA for including "appropriate responses to malnutrition" into today's agenda. Clearly, there is much work ahead and we look forward to coordinating our efforts with each of you, under the leadership of the Ministry of Health.